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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR**

OMB AP	PROVAL
OMB Number: Expires:	· 3235-0076
	burden hours per

	1			
SEC USE ONLY				
Prefix	Serial			
DATE	RECEIVED			

06062027 UNIFORM LIMITED OFFERING EXEMPTI	ON _	DATE RE	CEIVED
Name of Offering (check if this is an amendment and name has changed, and indicate change.) Common Stock Offering		05005	;
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☐ Rule 506 ☐ Section 4(6) Type of Filing: ☐ New Filing ☐ Amendment ☐ Rule 505 ☐ Rule 506 ☐ Section 4(6)	• •		
A. BASIC IDENTIFICATION DATA	1	7 2 0 2006	<u> </u>
Enter the information requested about the issuer	Th	OMSON	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Spa Chakra, Inc.	Fl	NANCIAL	
Address of Executive Offices (Number and Street, City, State, Zip Code) 730 Fifth Avenue, 9th Floor, New York, NY 10019	Telephone Nu (212) 659-778		g Area Code)
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Nu	mber (Includin	g Area Code)
Brief Description of Business Own, operate and manage worldwide network of luxury spas.			# # **
Type of Business Organization			
⊠ corporation ☐ limited partnership, already formed ☐ business trust ☐ limited partnership, to be formed		other (please	specify):
Actual or Estimated Date of Incorporation or Organization: Month Year 0 4	Actual	 	stimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for Stat CN for Canada; FN for other foreign jurisdiction)	e:		DE
GENERAL INSTRUCTIONS Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation E U.S.C. 77d(6).	or Section 4(6), 17 CFR 230.	501 et seq; or 15
When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be on which it is due, on the date it was mailed by United States registered or certified mail to that address.	notice is deeme low or, if receiv	ed filed with the red at that address	e U.S. Securities ess after the date
Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549		Ì	
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually be photocopies of the manually signed copy or bear typed or printed signatures.			
Information Required: A new filing must contain all information requested. Amendments need on ing, any changes thereto, the information requested in Part C, and any material changes from the information and the Appendix need not be filed with the SEC.	nly report the report the report of the repo	name of the is pplied in Parts	ssuer and offer- A and B. Part E
Filing Fee: There is no federal filing fee.			
Charles .			

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

 Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each executive officer and director of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Michael Canizales Business or Residence Address (Number and Street, City, State, Zip Code) 730 Fifth Avenue, 9th Floor, New York, NY 10019		- w - V	A. BASIC IDENT	IFICATION DATA		
Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers. Check Box(es) that Apply:	2. Enter the information re	equested for the foll			· ·	
Managing Partner Managing Partner	 Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and 					
Business or Residence Address (Number and Street, City, State, Zip Code) 730 Fifth Avenue, 9th Floor, New York, NY 10019 Check Box(es) that Apply: □ Promoter □ Beneficial Owner □ Executive Officer □ Director □ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) 730 Fifth Avenue, 9th Floor, New York, NY 10019 Check Box(es) that Apply: □ Promoter □ Beneficial Owner □ Executive Officer □ Director □ General and/or Managing Partner Full Name (Last name first, if individual) Doug Rothschild □ □ Director □ General and/or Managing Partner Full Name (Last name first, if individual) Doug Rothschild □ □ Director □ General and/or Managing Partner Full Name (Last name first, if individual) Check Box(es) that Apply: □ Promoter □ Beneficial Owner □ Executive Officer □ Director □ General and/or Managing Partner Full Name (Last name first, if individual) Check Box(es) that Apply: □ Promoter □ Beneficial Owner □ Executive Officer □ Director □ General and/or Managing Partner Full Name (Last name first, if individual) Check Box(es) that Apply: □ Promoter □ Beneficial Owner □ Executive Officer □ Director □ General and/or Managing Partner Full Name (Last name first, if individual) Christopher Condy Business or Residence Address (Number and Street, City, State, Zip Code) 730 Fifth Avenue, 9th Floor, New York, NY 10019 Check Box(es) that Apply: □ Promoter □ Beneficial Owner □ Executive Officer □ Director □ General and/or Managing Partner Full Name (Last name first, if individual) Chakra Ventures II, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 730 Fifth Avenue, 9th Floor, New York, NY 10019	Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner		□ Director	
Check Box(es) that Apply:		f individual)				
Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) 730 Fifth Avenue, 9th Floor, New York, NY 10019 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Doug Rothschild Business or Residence Address (Number and Street, City, State, Zip Code) 730 Fifth Avenue, 9th Floor, New York, NY 10019 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Paul O'Beirne Business or Residence Address (Number and Street, City, State, Zip Code) 730 Fifth Avenue, 9th Floor, New York, NY 10019 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Christopher Condy Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Christopher Condy Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner						
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730 Fifth Avenue, 9th Floor, New York, NY 10019		f individual)				
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

B. INFORMATION ABOUT OFFERING				
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?				
Answer also in Appendix, Column 2, if filing under ULOE.				
2. What is the minimum investment that will be accepted from any individual?		N/A		
		Yes No		
3. Does the offering permit joint ownership of a single unit?		Ø 🗆		
4. Enter the information requested for each person who has been or will be paid or given, directly or inc similar remuneration for solicitation of purchasers in connection with sales of securities in the tobe listed is an associated person or agent of a broker or dealer registered with the SEC and/list the name of the broker or dealer. If more than five (5) persons to be listed are associated or dealer, you may set forth the information for that broker or dealer only.	ne offering. If a person or with a state or states,	,		
Full Name (Last name first, if individual)	·			
TO BE FILED BY AMENDMENT, IF ANY.	1	•		
Business or Residence Address (Number and Street, City, State, Zip Code)				
Name of Associated Broker or Dealer				
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		·•		
(Check "All States" or check individual States)	[FL] X [GA] [HI] [MI] [MN] X [MS] [OH] [OK] [OR] [WV] [WI] [WY]			
Full Name (Last name first, if individual)	[""] [""] [""]			
Tun realie (Dust marie 11155, it marrieda)				
Business or Residence Address (Number and Street, City, State, Zip Code)				
Name of Associated Broker or Dealer				
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers				
(Check "All States" or check individual States)		🔲 All States		
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND]	[FL] [GA] [HI] [MI] [MN] [MS] [OH] [OK] [OR]			
[RIJ [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA]	[wv] [wɪ] [wʏ]	[PR]		
Full Name (Last name first, if individual)	İ			
Business or Residence Address (Number and Street, City, State, Zip Code)				
Name of Associated Broker or Dealer				
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers				
(Check "All States" or check individual States)				
[AL] [AK] [AZ] [AR] [CO] [CT] [DE] [DC] [IL] [IN] [IA] [KY] [LA] [ME] [MD] [MA] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA]	[FL] [GA] [HI] [MI] [MN] [MS] [OH] [OK] [OR] [WV] [WI] [WY]	[PA]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS	·	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price	:	Amount Already Sold
	Debt	\$0		\$0
	Equity	\$4,500,000		\$4,500,000
	☑ Common ☐ Preferred			
	Convertible Securities (including warrants)	\$0		\$0
	Partnership Interests	\$ 0		\$0
	Other (Specify)	\$ 0		\$0
	Total 4	\$ 0		\$0
	Answer also in Appendix, Column 3, if filing under ULOE.	••		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			· · · · · · · · · · · · · · · · · · ·
		Number of Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	2		\$4,500,000
	Non-accredited Investors	0		\$0
	Total (for filings under Rule 504 only)	N/A		N/A
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.			
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505	N/A		N/A
	Regulation A	N/A		N/A
	Rule 504	N/A		N/A
	Total	N/A		N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees	!		\$0
	Printing and Engraving Costs	1		\$0
	Legal Fees			\$0
	Accounting Fees			\$0
	Engineering Fees			\$0
	Sales Commissions (specify finders' fees separately)			See Part B
	Blue sky filing fees and expenses			\$1,500
	Total		_	\$0
	b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and			
	total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."			\$4,498,500
	process to the issuer.		SF	EC 1972 (7/00)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

	Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees	\$0	□ \$ 0
Purchase of real estate	\$ 0	\$0
Purchase, rental or leasing and installation of machinery and equipment	\$0	□ \$0
Construction or leasing of plant buildings and facilities	\$0	□ \$ 0
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	\$0	□ \$0
Repayment of indebtedness	\$357,000	□ \$280,000
Working capital	\$0	፟\$3,861,500 ·
Other (specify)	N/A	□ N/A
Column Totals	\$357,000	፟ \$4,141,500
Total Payments Listed (column totals added)	\$4,498,500	

D.	FED	ERA	L S	IGN	NA	Τl	JR	E
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The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under		
following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, u	pon writter	n re-
quest of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.		

Issuer (Print or Type) Spa Chakra, Inc.	Signature - M	Date 11/05/06	
Name of Signer (Print or Type)	Title of Signer (Print or Type)		
HARRIS MYLONAS	EXECUTIVE DIRECTOR		
	_ 141,****		<u> </u>

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)